

Registration Information

Ways to Register

Mail or Walk In

Montgomery County Recreation Department
Attention: Michael Braxton
Sports Team, Room 301
4010 Randolph Road
Silver Spring, MD 20902-1099

Registration Confirmation

Confirmations will be mailed as registrations are processed. If you do not receive your confirmation, call 240-777-6961.

Payment Information

- 1 Full payment must be made at time of registration.
- 2 Any teams with more than half of their team living out of the county must pay the non-county fee.
- 3 Make checks and money orders payable to MCRD. Checks and money orders must include name, address, home and work telephone numbers, driver's license number, and participant's full name. VISA or MasterCard payments are accepted. Registration form must include correct credit card number, expiration date, authorized signature, and authorized amount.
- 4 The Department of Recreation reserves the right to pursue all available options to collect any funds owed as a result of a dishonored check or credit card, charges incurred due to unsubstantiated credit card disputes, or any outstanding debt.

If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Withdrawal Policy

All requests for withdrawal must be received in writing. **Any team that drops from the league after the schedule has been completed or due to league violations shall forfeit their entire franchise fee.**

Mail your written withdrawal request to Montgomery County Recreation Department, Attention: Refund Request, 4010 Randolph Road, Silver Spring, MD 20902; or fax to 240-777-6818; or email to rec.refund@montgomerycountymd.gov. This request must include the team's name, payer's name, address, phone number, course number, reason for withdrawal, and specify credit or refund. All refunds will be issued to the payer in the same form (check or charge) as the payment was received. Refunds will be processed within 2-3 weeks of receipt of your written request.

REGISTRATION BEGINS FRIDAY, AUGUST 28, 2006

League play begins week of September 19, 2006.
Deadline September 11, 2006

FRANCHISE FEE

\$355.00 per team county fee
\$425.00 per team non-county fee

Volleyball Leagues are a program of the

Montgomery County
RECREATION
DEPARTMENT

SPORTS TEAM
Montgomery County
Department of Recreation
4010 Randolph Road
Silver Spring, MD 20902
240-777-6961

<http://montgomerycountymd.gov/rec>

Volleyball Leagues

Men, Women, and Co-Rec
(Ages 16 Years & up)
Fall 2006



MONTGOMERY COUNTY
Department of Recreation

Seeding

Returning teams should select a level of play based upon their previous season's record. **Regular season league winners must move up one division** and it is recommended that any team that finished last in the regular season should move down one level. It is also recommended that defending play-off winners should move up one level. New teams may request information from the League office as to the level at which they should play.

League Organization

All leagues play a seven-week season plus top four teams will go to playoffs. Match times rotate between the hours of 6:30pm and 9:30pm. Certified officials and scorekeepers are provided at all levels.

SCHEDULING REQUESTS

All scheduling requests must be made at the time of registration. Effort will be made to meet special requests. (Requests must be in writing.) Matches *will not* be changed after schedules have been completed.

LOCATIONS

Gym assignments are based on the level of play and the availability of facilities. The following lists the proposed gym locations for this season, depending upon confirmation from Montgomery County Public Schools. (Level of play listed in parentheses). ***Locations may change.***

TEAM/PLAYER ELIGIBILITY

No fewer than four teams will be accepted at any location. A player may participate on multiple teams; however, the teams must be at the same level on different nights. Sixteen is the minimum age for participation in the leagues.

Women's Leagues

Women's BB: Monday 9/18/06 \$355 #167143
Potomac Community Center
6 Slots 7:00pm-10:00pm

Men's Leagues

Men's A/AA: Sunday 9/17/06 \$355 #167145
Bauer Drive Community Center:
6 Slots 6:30pm-9:30pm

Co-Rec Leagues

Co-Rec A/AA: Saturday 9/30/06 \$355 #167144
Bauer Drive Community Center
6 Slots 7:00pm-10:00pm

Co-Rec BB: Monday 9/18/06 \$355 #167146
Bauer Drive Community Center
6 Slots 7:00pm-10:00pm

Montgomery County Government is committed to complying with the Americans with Disabilities Act (ADA). If you need auxiliary aids or services (such as a mainstreaming companion, ASL or cued speech interpreter, or large print) in order to participate, please call a mainstream facilitator to discuss your needs.

Gym Locations

Bauer Drive Community Center Corner of Bauer Drive and Rt. 28, Rockville

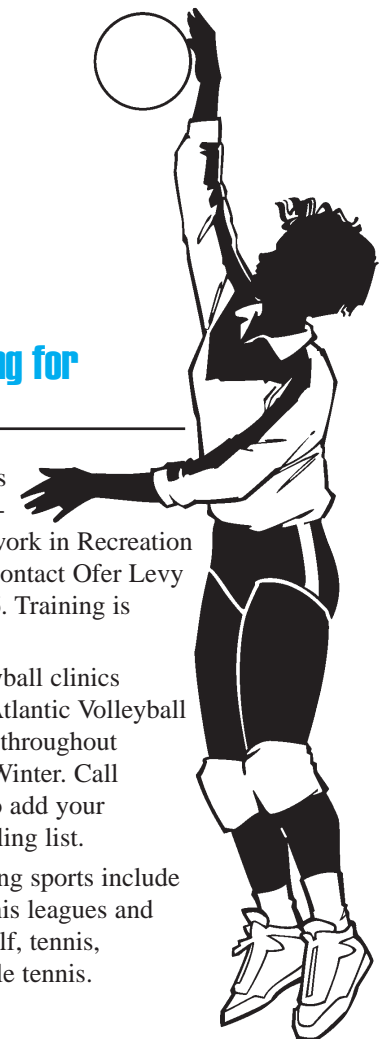
Potomac Community Center: 11315 Falls Road, between Tuckerman Lane and Bells Mill Road, Potomac

We're looking for officials

The NCAVBO is currently recruiting officials to work in Recreation league games. Contact Ofer Levy at 301-770-5056. Training is provided.

Watch for volleyball clinics taught by Mid-Atlantic Volleyball offered in gyms throughout the county this Winter. Call 240-777-6961 to add your name to the mailing list.

Other adult Spring sports include softball and tennis leagues and instruction in golf, tennis, fencing, and table tennis.



Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated.

PAYER/SPONSOR: Name _____ Signature on check _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

MANAGER: Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

ASSIST. MANAGER: Address _____ City _____ State _____ Zip _____
 Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

Team Name	League	Category	Division	Day	Level	Course #	Fees*

Team Name/Record: _____

Special Request: _____

Total Amount Due: \$

☐ Check or Money Order payable to MCRD, Attn: Sports, Room 301, 4010 Randolph Road, Silver Spring, MD 20902.

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If you need help completing this form, please call 240-777-6961.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. I agree to abide by all department rules and regulations.

Participant or Parent/Guardian Signature _____ Date _____

**Montgomery County Department of Recreation
Sports Team**

**4010 Randolph Road, Room 306, Silver Spring, Maryland 20902
(240) 777-6886**

☐ MEN'S * DIVISION: ☐ A ☐ B ☐ BB ☐ C *

☐ WOMEN'S * CO-REC ☐ *

*MANAGER'S NAME _____

*TEAM NAME _____

*PLAYING NIGHT: ☐ SUN ☐ MON ☐ WED ☐ THU

*LOCATION: _____ *COURSE #: _____

All Highlighted areas must be completed

*if 16 or under, you must have a parent/guardian permission form completed and on file.

TEAM ROSTER ADULT Volleyball LEAGUE

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use if any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

*

MANAGER'S ADDRESS

*

CITY _____ **ZIP** _____

*

PHONE: H: _____ **W:** _____

*

FAX #: _____ **E-MAIL:** _____

**Please mail or fax roster to the attention of the Sports Office. (For office use only)*

FIRST & LAST NAME * (please print)	STREET ADDRESS & CITY *	ZIP CODE *	PHONE (w/ area code) *	AGE*	SIGNATURE *
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					